Committee Name:
Field of Opportunities
If registered, FEC ID:
C00613166
Today's Date:
5/5/2016

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization — Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:	
Sharon L. Weiss	, Treasurer

2016 - 05 - 11 - 03 - 00078000

FEC FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

			-EU III	Office Olse Grity
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	2912 FE4M5	Company of the compan
Finella of O	pipioiritum litile	\$		
			1.1.1.1.1	
ADDRESS (number and street)	2452 Glen	wood Drill		
(Check if address is changed)	سبسبب		11111	
	Des Moines		TU E STATE ▲	50,3,2,11 ZIP CODE▲
COMMITTEE'S E-MAIL ADDRI	ESS			
(Check if address is changed)	ginaengels	328 @gm,a,i L.,	Com,	
١.	Optional Second E-Mail Ad			
COMMITTEE'S WEB PAGE ALL (Check if address is changed)	[,N/,A			
2. DATE 0 5 0	5 2016			
3. FEC IDENTIFICATION N	NUMBER ▶ C O	0613166		·
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the best	of my knowledge and belief	it is true, correct	and complete.
Type or Print Name of Treasur	er Sharon L.	Weiss		
Signature of Treasurer	haron of Weis	Δ	Date 0 5	05 2014
NOTE: Submission of false, erro		may subject the person signin	-	the penalties of 52 U.S.C. §30109
Office		For further information	o contact:	FEC FORM 1

Federal Election Commission

Tofi Free 800-424-9530

Local 202-694-1100

(Revised 06/2012)

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE Candidate Committee:	·
(a) This committee is a principal campaign committee. (Complete the candidate information	on below.)
(b) This committee is an authorized committee, and is NOT a principal campaign commit information below.)	ttee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Pr	State esident District
(c) This committee supports/opposes only one candidate, and is NOT an authorized com-	nmittee.
Name of Candidate	
Party Committee:	
(Mational, State (d) This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line	6.) Its connected organization is a
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a s committee. (i.e., nonconnected committee)	eparate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proc committees/organizations, at least one of which is an authorized committee of a federal of	
(h) This committee collects contributions, pays fundraising expenses and disburses net proc committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1.	
2.	
3.	
4.	

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nan	ne .	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
Mailing Address		
		[-]
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Id	entify by name, address (phone number optional) and position of the person in	possession of committee
Full Name	a L. Engel	
Mailing Address	21452 Gilenwood Drue	
,		1.
	Des moines IIal 50	13,2,11-
Title or Position	CITY STATE	ZIP CODE
	Telephone number	<u></u> -
8. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the , assistant treasurer).	name and address of
Full Name of Treasurer Sha	ron Louise Weiss	1
Mailing Address	2452 Glenwood Dr.	
		· · · · · · · · · · · · · · · · · · ·
	DIEIS MOINES TO 50 CITY STATE	3,2,11-[, , , , , , , , , , , , , , , , , , ,
Title or Position Treasurer	Telephone number	<u> </u>

FFC Form	1 (Revised 02/2009)	Page 4
. 20 7 9/11	T () () () ()	
Full Name of		
Designated Agent		
Mailing Address		
	CITY	STATE ZIP CODE
Title or Position		
	Te	elephone number
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which xes or maintains funds.	the committee deposits funds, holds accounts, rents
Name of Bank, D		
Mailing Address		
	CITY	STATE ZIP CODE
Name of Bank, D	Depository, etc.	
Mailing Address		
	· [
		<u> </u>
	CITY	STATE ZIP CODE

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Feeleral Election Commission

agg E. Street, NW

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20463

Washington, Dc

Federal Election ENVELOPE REPLACEMENT PAGE The FEC added this page to the end of the	FOR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked 5/5/	Date of Receipt 5/11/16
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Regis	Date of Receipt tration Office
Received from Senate Public Records (Date of Receipt Office
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER	5/11/16 DATE PREPARED
(3/2015)	